

HOUSE BILL 2801
By DeBerry J

AN ACT to amend Tennessee Code Annotated, Title 56,
Chapter 7, relative to hearing aid coverage for
children under the age of eighteen.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 56, Chapter 7, Part 23, is amended by
adding the following language as a new, appropriately designated section:

Section 56-7-23__.

(a) As used in this section, "hearing aid" means a nondisposable device that is of
a design and circuitry to optimize audition and listening skills in the environment
commonly experienced by children.

(b)

(1) All individual and group health insurance policies providing coverage
on an expense-incurred basis, individual and group service contracts issued by a
health maintenance organization, all self-insured group arrangements to the
extent not preempted by federal law and all managed health care delivery entities
of any type or description, that are delivered or issued on or after January 1,
2007, in this state shall include, or shall offer to prospective policyholders and
existing policyholders on renewal, as an optional benefit, coverage for hearing
aids for a child under the age of eighteen (18) who is covered under a policy or
contract of insurance if the hearing aids are fitted and dispensed by a licensed
audiologist certified by the American Speech-Language-Hearing Association
following medical clearance by a physician licensed to practice medicine and an
audiological evaluation medically appropriate to the age of the child.

(2) Such entities may limit the benefit payable under subdivision (b)(1) to one thousand and five hundred dollars (\$1,500) per hearing aid for each hearing-impaired ear every thirty-six (36) months.

(c) An insured or enrolled individual may choose a hearing aid that is priced higher than the benefit payable under subsection (b) and may pay the difference between the price of the hearing aid and the benefit payable under subsection (b) without financial or contractual penalty to the provider of the hearing aid.

(d) In the case of a health insurer or managed care organization that administers benefits according to contracts with health care providers, hearing aids covered pursuant to this section shall be obtained from health care providers contracted with the health insurer or managed care organization. Such providers shall be subject to the same contracting and credentialing requirements that apply to other contracted health care providers.

(e) This section does not prohibit an entity subject to the provisions of this section from providing coverage that is greater or more favorable to an insured or enrolled individual than the coverage required under this section.

(f) The provisions of this section shall apply to any new policy, contract, program, or plan issued by an entity subject to the provisions of this section on or after January 1, 2007. Any such policy, contract, program or plan in effect prior to January 1, 2007, shall convert to the provisions of this section on or before the renewal date thereof, but in no event later than January 1, 2007. Any policy affected by the provisions of this section shall apply to an insured or participant under such policy, contract, program, or plan whether or not the hearing impairment is a pre-existing condition of the insured or participant.

(g) The benefits required by this section shall be subject to the annual deductible and co-insurance established for all other similar benefits within the policy or contract provided that the annual deductible and co-insurance for the benefits required by this section are no greater than the annual deductible and co-insurance established for all other similar benefits within that policy or contract of insurance.

(h) Nothing in this section shall apply to the TennCare program administered pursuant to the waivers approved by the United States department of health and human services, to accident-only, specified disease, hospital indemnity, Medicare supplement, long-term care or other limited benefit health insurance policies, or to any health benefit that is individually underwritten.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring it.